



Better Banking for the  
ExxonMobil Community

# Electronic Periodic Payment Request

Specific personal information is being collected from you when you complete this form. You are not obliged to provide this personal information but without it your request may not be completed. If you wish to access your personal information please contact the Credit Union using the contact details listed on this form.

Member name	Member number	Account type
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Service Required (please tick ✓)

New
  Alter authority
  Cancellation - (go to section 'D.' below and complete)

I request EECU to pay, on my behalf the amount of \$

## Frequency of payment (please tick ✓)

Weekly
  Fortnightly
  Monthly
  Quarterly

Please commence the periodical payments on  /  /  and cease on  /  /   or when advised

## Account details

### A. BPAY

Biller code	Biller reference number
<input type="text"/>	<input type="text"/>

### B. Internal transfer to another EECU account

Member name	Member number	Account type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference	<input type="text"/>	

### C. External transfer

BSB number	Account number	Account name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Reference	<input type="text"/>	

### D. Cancellation

Please cancel the periodical payment made to:  for \$  effective  /  /

## Declaration

We acknowledge and understand that:

- EECU Limited (EECU) will process the instructions above and understand that they will not accept responsibility for late or missed payments.
- EECU have the right to cancel this authority at any time by notice in writing.
- I will ensure that funds will be sufficient to meet payments on due dates and that it is at EECU discretion to determine the order of priority for payment.

Signature

Date

 /  / 

Signature (Joint account owner)

Date

 /  / 

### EECU Limited

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EECU FS15 (08/07/10)

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